

14 MAR 11 PM 3:34

Office Use Only

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
 For An Authorized Committee

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Bart McLeay for U.S. Senate, Inc.

ADDRESS (number and street)

P.O. Box 540788



Check if different than previously reported. (ACC)

Omaha

NE

68154

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C 00547406

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

NE

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y Y Y

10 / 01 / 2013

through

M M / D D / Y Y Y Y Y Y

12 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert C. McChesney

Signature of Treasurer

Robert C McChesney

Date

M M / D D / Y Y Y Y Y Y

02 / 21 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3
 (Revised 02/2003)